



01-25-08

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PATENT
Docket No.: Q198-US1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: :
Robert C. West et al. :
 :
Application No. : Group Art Unit: 1745
10/810,019 :
 :
Filing Date: March 25, 2004 : Examiner: Jonathan Crepeau
 :
Title: POLYSILOXANE FOR USE IN :
ELECTROCHEMICAL CELLS :

CERTIFICATE OF MAILING VIA EXPRESS MAIL (37 CFR 1.10)

Express Mail No.: EM018216798US

Dated January 23, 2008

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby certify that the following attached documents are being deposited with the United States Postal Service for "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and are addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

1. Amendment Transmittal Letter (in duplicate) (2 pages)
2. Fee Transmittal Letter (in duplicate) (2 pages)
3. Amendment (8 pages)
4. Copy of previously submitted Declaration with Exhibits signed by Robert West (36 pages)
5. Copy of previously submitted Declaration with Exhibits signed by Zhengcheng Zhang (36 pages)
6. Copy of previously submitted Declaration with Exhibits signed by Khalil Amine (36 pages)
7. Return postcard

January 23, 2008

Date of Deposit

Lisa Robbins

Name of Person Mailing paper or fee


Signature

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/810,019
Filing Date	March 25, 2004
First Named Inventor	WEST, Robert C. et al.
Group Art Unit	1745
Examiner Name	Jonathan Crepeau
Attorney Docket Number	Q198-US1

Total Number of Pages in This Submission

ENCLOSURES (check all that apply)

☒ Fee Transmittal Form

☒ Fee Authorized

Amendment

☒ After Final

☒ Affidavits/declaration(s) with Exhibits (3 sets)

Extension of Time Request

Express Abandonment Request

Information Disclosure Statement

Certified Copy of Priority Document(s)

Response to Missing Parts/ Incomplete Application

Response to Missing Parts under 37 CFR 1.52 or 1.53

Assignment Papers (for an Application)

Drawing(s)

Licensing-related Papers

Petition to Convert to a Provisional Application

Power of Attorney, Revocation Change of Correspondence Address

Terminal Disclaimer

Request for Refund

CD, Number of CD(s) _____

After Allowance Communication to Group

Appeal Communication to Board of Appeals and Interferences

Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)

Proprietary Information

Status Letter

Other Enclosure(s) (please identify below):

Remarks

Customer Number or Bar Code Label

31815

(Insert Customer No. or Attach bar code label here)

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0921. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Dated: 1/23/2008

Phone: (818) 833-2003
Fax: (818) 833-2065

By:

Travis Dodd
Attorneys for Applicant(s)
P.O. Box 923127
Sylmar, CA 91392-3127

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail
In an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this
date: _____

Typed or printed
name

TRAVIS DODD

Signature

Date



FEE TRANSMITTAL

Attorney Docket No.	Q198-US1
First Named Inventor:	West, Robert C. et al.
Application Number	10/810,019
Filing Date:	March 25, 2004
Examiner Name:	1745
Group/Art Unit:	Jonathan Crepeau

TOTAL AMOUNT OF PAYMENT:	\$ 0.00
METHOD OF PAYMENT (check One)	1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to: Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC <input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17 2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other - Credit Card


2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$310.00	\$155.00	\$0.00
Total Claims	26 - 54 =	0	X \$50.00	X \$25.00	\$0.00
Independent Claims	2 - 4 =	0	X \$210.00	X \$105.00	\$0.00
Multiple Dependent Claim(s) (if applicable)			\$370.00	\$185.00	\$0.00
Total of above Calculations =					\$0.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 210.00	\$ 105.00	\$0.00
Reissue filing fee	\$ 310.00	\$ 155.00	\$0.00
Provisional filing fee	\$ 210.00	\$ 105.00	\$0.00
Total of above Calculations =			\$0.00

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	1/23/2008